Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

	Ann	M. Saenz	:		
Applicant Name:	The state of the s	Applicant Number:	10502		
Date Received: _					
Recommended A	pplicant Pool Status:	Final Applicant	Pool Status:		
Included	Removed	Mincluded	Removed		
REQUIREMENTS:					
1. Was the applicat	ion received before the su	bmission deadline?	☐Yes ☐No		
If NO, list time/date application was received:					
2. Is the application	ı complete?		Дуеs □No		
If NO, list the item(s) that need to be completed:					
3. Indicate how the applicant responded to the following questions: [Yes No					
A. Student enrolled in a college funiversity in the City of Austin? If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:					
	de in the City of Austin?		□Yes □No		
ii. Regi	stered to vote in the City o	of Austin?	☑Yes ☐No		
iii. C on	tinuously registered to vot	e in the City of Austin?	ØYes □No		
īv. Vot e	ed in 3 of the last 5 City of	Austin general elections?	Źlyes □No		
◆ Follow-up need If YES, identify	ed related to REQUIREMENT by issue(s) addressed and d	NTS? lisposition:	□Yes □No		

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CC	NFLICTS OF INTEREST:		_ 4
4.	Did the applicant respond "Yes" to any conflict of interest	questions?	LIYes IZINo
••	If YES, indicate which question(s):		
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			,
	and the state of t		□Yes □No
4	Follow-up needed related to CONFLICTS OF INTEREST?		
	If YES, identify issue(s) addressed and disposition:		
C	DNSISTENCY:		
5.	Are applicant answers consistent?		Dives ONO
	If NO, indicate which answer(s):		,
÷	Follow-up needed related to CONSISTENCY?		□Yes ☑No
	If YES, identify issue(s) addressed and disposition:		
			0 - 1 - 1 -
	BI	Review Date:	L/26/13
1	Application Reviewed By:		1/26/13
	Quality Control Review By:	QC Review Date:	
	Follow-up Contact(s) Reviewed By:	Date:	
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